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OCT 20 2005

P. 001

WOODARD, EMHARDT, MORIARTY, MCNETT & HENRY LLP
PATENT AND TRADEMARK ATTORNEYS

BANK ONE CENTER/TOWER
111 MONUMENT CIRCLE, SUITE 3700
INDIANAPOLIS, INDIANA 46204-5137
Main: (317) 634-3456 Fax: (317) 637-7561
www.uspatent.com

FAX COVER SHEET

Date: Thursday, October 20, 2005

Number of Pages: Cover sheet plus 17 page(s)

To: Commissioner of Patents
Company: United States Patent and Trademark Office
Your Reference: Serial No. 09/939,081
Fax Number: 571.273.8300

From: Thomas Q. Henry (thenry@uspatent.com)
Our Reference: 7320-146

Comments: Please see attached documents for filing.

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WEMMH PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0032

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/939,081
	Filing Date	August 24, 2001
	First Named Inventor	Zoran Cetusic et al.
	Art Unit	2681
	Examiner Name	Erika A. Gary
Total Number of Pages in this Submission	1	
	Attorney Docket Number	7320-146

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached Credit Card Payment Form 2038	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Printed Name	Thomas Q. Henry		
Date	October 20, 2005	Reg. No.	28,309

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WEMMH #44050 (Rev. 7/05)

PAGE 2/18 * RCVD AT 10/20/2005 3:54:20 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/26 * DNI:2738300 * CSID: * DURATION (mm:ss):04:16

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OCT 20 2005

P. 003

WEMMH PTO/SB/17 (02/04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60.00)

Complete if Known

Application Number	09/939,081
Filing Date	August 24, 2001
First Named Inventor	Zoran Cetusic et al.
Examiner Name	Erika A. Gary
Art Unit	2681
Attorney Docket No.	7320-146

METHOD OF PAYMENT (check all that apply)

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (Including Reissues)

Small Entity	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	=	X	=	X	=	

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	=	X	=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	-100	= /50 = (round up to a whole number)	X	_____

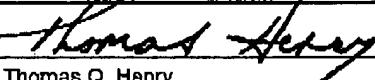
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee - One Month Extension As Set Forth In 37 CFR 1.17(A)(1)

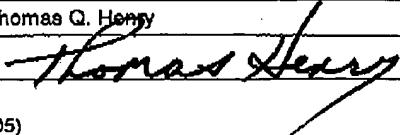
Fee Paid (\$)
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SUBMITTED BY:

Signature		Registration No.:	28,309	Telephone:	(317) 634-3456
Name (Print/Type):	Thomas Q. Henry			Date:	October 20, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Thomas Q. Henry
Signature	

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